



STATE OF TENNESSEE
BUREAU OF WORKERS' COMPENSATION
220 FRENCH LANDING DRIVE
NASHVILLE, TENNESSEE 37243-1002
(615) 741-2395
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Sample Active Employee Certificate of Agreement

This is a sample Active Employee Certificate of Agreement Form that can serve as a basis for your company's consent form. Employers may modify it and should print it on company letterhead. It should be presented to a current employee prior to administering a drug/alcohol test. Signed forms become part of the active employee's personnel file.

I, the undersigned employee, hereby give my consent for my employer to administer a drug and/or alcohol test. Additionally, I give my consent for my employer to test my specimen for substances beyond those required by the Tennessee Bureau of Workers' Compensation's Tennessee Drug Free Workplace Program.

I further agree to hold harmless the Company and its agents (including the above-named physician or clinic) from any liability arising in whole or in part out of the proper collection of specimens, their testing and the proper use of the information resulting from their testing in connection with the Company's conditional offer of employment.

I further certify that I have received and read the [**Insert Company name**] substance abuse and testing policy and have had the company's drug-free workplace program explained to me. I understand that failure to comply with a valid drug and/ or alcohol testing request or having a positive confirmed result for the use of drugs and/or alcohol that violates this policy may lead to discipline up to and including termination of my employment and possibly the loss of any workers' compensation benefits I may have otherwise been entitled to receive.

Employee Printed Name

Employee Signature

Date

Witness Printed Name

Witness Signature

Date